

JAN 13 1942

State File No. _____

Registration District No. 849

Primary Registration District No. 45X5

Registrar's No. 521

1. PLACE OF DEATH:

(a) County Sullivan
(b) City or town Green City Tenn.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME Daniel Banner

3. (b) If veteran, name war A 3. (c) Social Security No. A

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced M
7. Birth date of deceased Aug 21 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 3 Days 13 If less than one day hr. min.

9. Birthplace Sullivan Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Daniel Banner
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Quigley
15. Birthplace Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant Malinda B. Banner
(b) Address Green City, Mo.

17. (a) Burial (b) Date thereof 12 6 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ely Woods Cem

18. (a) Signature of funeral director Glenn E. Putr
(b) Address Green City, Mo.

19. (a) Dec 31-41 (b) Virginia Libran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan
(c) City or town Green City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 4th
year 1941 hour 4:00 minute A M.

21. I hereby certify that I attended the deceased from DEC-4
1941 to DEC 4 1941
that I last saw him alive on DEC 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death BRAIN ABCESS

Due to INTERNAL & MIDDLE EAR
INFECTION

Due to CHRONIC OTITIS MEDIA

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 400
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. E. Schur (M. D. or other) _____
Address Green City, Mo. Date signed 12-5-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 1-42-22

Date Filed Jan 9 1942

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Archie W Wade

Licensed Embalmer No. 3037

P. O. Address.....

Shaw's Livery, 70

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.